cation No. (if known): 09/976,259-Conf. #9702

Attorney Docket No.: 09614/000L098-US0

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PTO FORM SB/08A (1 page)

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		U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE red to respond to a collection of information unless it displays a valid OMB control number					
And Consolidated Appropriate Consolidated	Complete if Know				<u> </u>		
FEE TRANSMITTAL				09/976,259-Conf. #9702 October 12, 2001			
For FY 2006					sutomu Kurokawa		
FOI F 1 Z				I. N. Borissov			
	2000						
Applicant claims small entity sta	761 07110		09614/000L098-US0				
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 09614/000L			98-US0			
METHOD OF PAYMENT (check	all that apply)						
X Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.							
For the above-identified dep	osit account, the Director is	s hereby authorize	ed to: (ch	eck all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
x Charge any additional fee(s) or underpayment of x Credit any overpayments						•	
fee(s) under 37 CFR 1		X Credit	ally Over	payments			
FEE CALCULATION (All the fe	es below are due upo	n filing or may	be sub	ject to a surch	arge.)		
1. BASIC FILING, SEARCH, AND E			=><		_		
F	LING FEES SE Small Entity	ARCH FEES Small Entity		INATION FEES Small Entity	3		
Application Type Fee (\$			<u>Fee (\$</u>		Fees F	Paid (\$)	
Utility 300	150 500	250	200	100			
Design 200	100 100	50	130	65			
Plant 200	100 300	150	160	80			
Reissue 300	150 500	250	600	300			
Provisional 200	100 0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (incl	uding Reissues)				200	100	
Multiple dependent claims		 .	_		360	180	
Total Claims Extra Claims		Paid (\$)		Multiple Depend			
HP = highest number of total claims paid for	x = r. if greater than 20.		1	Fee (\$)	Fee Paid (\$	7	
Indep. Claims Extra Claims	•	Paid (\$)	_			_	
- =	x =						
HP = highest number of independent claims	paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings ex	vased 100 sheets of namer	(avaludina alaat		filed cognopee or	r computer		
listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3	the application size fee du	ie is \$250 (\$125 i)	
Total Sheets Extra Sheet		dditional 50 or fra	ction there	eof Fee (\$)	Fee I	Paid (\$)	
	/50	(round up to a who	ole numbei	r) x	=		
4. OTHER FEE(S)					<u>Fees</u>	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 790.00							
CURMITTED BY							
SUBMITTED BY Signature	6/64	Registration No.	47,698	3 Telephone	(212) 527 7700		
Name (Print/Type) Richard I Katz	\(\bullet\)	(Attorney/Agent)	71,030	Date	(212) 527-7700 August 2, 2006		